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BIERMAN, JESSIE M. (University of California School of Public Health), **SIEGEL, EARL, FRENCH, FERN E., and CONNOR, ANGIE:** *The community impact of handicaps of prenatal or natal origin.* *Public Health Reports, Vol. 78, October 1963, pp. 839-855.*

In their latest paper based on the Kauai Pregnancy Study the authors have turned their attention to the sublethal components of pregnancy wastage. They analyzed the nature and magnitude of all defects and deficits of prenatal and natal origin found during the first 2 years of life in a time sample of 1,963 liveborn. Available data made possible the calculation of incidence rates of defects for the liveborn of an entire community and an estimation of their impact in terms of care required.

Included are congenital defects, mental retardation, clinical prematurity, birth trauma, cerebral palsy, and convulsive

disorders. The affected children were classified in terms of the severity of their handicaps and the type and duration of care received.

The authors found that while 17.0 percent of the study children had some kind of defect, almost half required little or no special care. Of the 10 percent requiring special care, almost two-thirds had conditions that were amenable to relatively short-term, skilled, medical and nursing care. The remainder, almost 4 percent of the liveborn, required various combinations of long-term, skilled diagnostic and treatment services, special education, and custodial care.

JOHNSON, JOHN B. (Howard University Department of Medicine), **BATISTA, GUAROCUYA, BLACKWELL, FRANCIS, and BROWN, LOUIS C.:** *Survey of atheromatous peripheral artery disease cases in selected hospitals.* *Public Health Reports, Vol. 78, October 1963, pp. 906-910.*

A survey of 100,000 adult discharges from 7 short-term general and veterans hospitals was conducted to determine the size of the problem of advanced peripheral arterial insufficiency. The 387 PAI patients in this population had 489 hospital discharges, each of which required 2 to 4 times as many hospital days per discharge as did general medical and general surgical patients. Clinical diabetes mellitus was found in 57 percent of the civilian PAI patients and 35 percent of the veteran PAI patients. The rate of amputation of extremities was higher in diabetics of both groups.

The survey data were used with the statistical data of the National Health Survey on adult hospital discharges from

short-stay general hospitals to estimate the prevalence of advanced PAI on a national scale. The prevalence of advanced PAI was calculated in excess of 40,000 hospital discharges annually.

Peripheral arterial insufficiency appears to be an important public health problem in terms of the number of persons afflicted, prolonged morbidity, loss of legs, and expensive prolonged hospitalization. Of more serious significance, however, is the fact that symptomatic atherosclerotic PAI appears to reflect the presence of profound atherosclerotic disease of the coronary and cerebral vessels, presaging serious coronary or cerebral vascular complications.

BROWN, WILLIAM J. (Public Health Service), **SIMPSON, W. G., MOORE, M. BRITTAIN, PRICE, ELEANOR V., and WEINSTEIN, SEYMOUR:** *Oral propionyl erythromycin in treating early syphilis.* *Public Health Reports, Vol. 78, October 1963, pp. 911-917.*

In a search for alternate schedules of treatment for patients with syphilis who are sensitive to penicillin, the Public Health Service conducted an evaluation of oral propionyl erythromycin. Although oral therapy has never been favored for the treatment of venereal disease clinic patients, it was the only form of the other antibiotics that proved practical for outpatient therapy.

Three schedules were used for the treatment of 554 patients with early syphilis; 10, 15, and 20 grams given in a period of 8 to 10 days. Twenty-nine percent of the patients complained of discomfort, principally gastrointestinal, but it was not necessary to discontinue treatment because of reactions.

The cumulative re-treatment rate in previously untreated darkfield-positive early syphilis was 37 percent for the 10-gram schedule and 15 percent for the 15- and 20-gram schedules. Oral erythromycin was apparently more effective in the treatment of females than males, probably because of their greater adherence to the treatment schedule. In previously untreated secondary syphilis, the early stage least amenable to treatment, the cumulative re-treatment rate for non-white patients on the 10-gram schedule was 21 percent for females and 64 percent for males. No treatment failures were observed in females treated with 15 or 20 grams, but the cumulative re-treatment rate for males was 19 percent.

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